

tubercular matter, when introduced into the alimentary canal from one species to another, is more or less virulent.

5. The tubercular matter of birds, especially that of the common hen, is very virulent, and is identical in its action with that of mammalia.

6. The fibrous tubercle of horses, without a trace of cheesy formation, is just as infectious as the miliary tubercle of cattle.

7. The flesh of tubercular animals is also infectious, though in a much less degree than tubercle itself.

8. Tubercular material cooked for a quarter to half an hour, is still infectious, though in a much less degree than that not cooked.

9. The effects of poisoning by tubercular matter taken into the alimentary canal are irritation of the mucous membrane both of the alimentary and respiratory tracts, enlargement and tenderness of the lymphatic glands, enlargement of the bronchial glands, and the formation of tubercle in the lungs and other organs.

Gerlach used in these experiments sheep, wethers, lambs, swine, sucking pigs, heifers, calves, a horse, rabbits, dogs, guinea-pigs, an ass, goats, and pigeons.—*Edinburgh Med. Journ.*, Oct. 1875, from *Archiv für Wissenschaftliche und praktische Theilheilkunde*, Bd. i. Ht. 1.

28. *Ergot in Hæmoptysis*.—Dr. JAS. M. WILLIAMSON states (*Lancet*, Nov. 13th, 1875) that he has administered ergot in fifty cases of hæmoptysis occurring in different stages of phthisis. The amount of hemorrhage varied from abundant bright streaks on the sputa to the expectoration of several ounces of blood. As the cases all occurred in hospital practice, very little time was lost between the advent of the hæmoptysis and the exhibition of the remedy. The ergot was invariably given by the mouth and in the form of the liquid extract. Much has been said about the success of the subcutaneous injection of ergotin and its superiority to this plan, but since there was no difficulty in any of the cases in administering a draught, and as the drug acted in most instances with a promptitude which was sufficiently satisfactory, the hypodermic method was not employed. Forty-minim doses of the liquid extract may be given twice within the first hour, and, guided by the results, at least every two hours afterwards, the dose being diminished and given less frequently as the hemorrhage subsides. He has never observed any disagreeable effect follow, even upon the administration of large quantities within short periods, but, as a general rule, if four or five full doses make no distinct impression upon the hemorrhage, the remedy should be abandoned for another. Care should be taken to use a fresh and sound preparation of the ergot.

Out of the 50 cases, the drug rapidly checked all bleeding in 44 instances. Of these, 16 were women and 28 men, and in at least one-fourth of the number the hæmoptysis merited the term profuse. In 40 of the 44 cases it was the first and only remedy given; in 2 others it was successful after a mixture containing gallic acid, alum, and dilute sulphuric acid failed; in another it was effectual after acetate of lead with opium proved useless; while in the remaining instance it repressed the bleeding after both of these plans were unavailing. The ergot was ineffectual in 6 cases.

In three of the cases of failure gallic acid equally failed. Over gallic acid ergot has the distinct advantages of never causing griping or constipation, and more especially of not interfering with a liberal use of milk. The larger proportion—equivalent to 88 per cent.—of the cases in which ergot succeeded, not only testifies to its great value and claims for it our confidence, but also strongly justifies the recommendation that it should be the first drug tried in all cases of hæmoptysis.

29. *Contracted Pupil in Heart Disease*.—Prof. GIOVANNI has studied with care three cases of advanced organic heart disease accompanied with bilateral myosis, from which he draws some interesting conclusions. All three were accompanied by severe dyspnoea, continuous or recurrent. One was a case of mitral narrowing and insufficiency; the second, a case of aortic narrowing, with valvular insufficiency; the third, aortic narrowing, with mitral insufficiency.

In all three, there was constant bilateral myosis; in two, this symptom was more marked when the dyspnoea was more urgent. Since Pourfour, Du Petit, Bernard, and Biffi demonstrated the influence of the sympathetic on the pupil, the action of aortic aneurisms and of other tumours on the pupil has been studied. Eulenberg, Guttman, and others, have shown that all affections which produce compression of the sympathetic in the neck are followed by pupillary stenosis. The author has not found this symptom mentioned in isolated cardiac affections. In order to determine the clinical value of myosis of cardiac origin, its origin and mechanism must be studied. It is a paralytic myosis. It may arise from three sorts of lesion: 1, lesions of the cervical cord; 2, lesions of the superior cervical ganglia; 3, of the terminal filaments of the sympathetic which go to the radial fibres of the iris. We must here dwell on the lesion of the superior cervical ganglion. The author has examined with the microscope the sympathetic and many sections of the cervical spinal cord of the patients in question. He has found great hyperæmia of the ganglia of the sympathetic, with more or less intense infiltration of the lymphoid elements. At the same time, the tissue of the ganglia was softer and more infiltrated with fluid than in the normal state. The upper part of the cord presented no similar condition; nor was there any reason to admit an isolated lesion of the terminal sympathetic nerves of the iris. These different lesions are the consequence of the stasis of the blood produced by the state of the heart. They exist, probably, in all patients of this class, but are not always manifest. The disorders which have their source in the sympathetic are comparable to those which proceed from the encephalon or from the spinal marrow. In certain patients with cardiac disease, cerebral excitement is found; in others, somnolence. Myosis has a very distinct significance; it does not only indicate stasis of the blood, but a profound lesion of the ganglionic cells, thenceforth paralyzed. The ganglionic lesion affects equally the heart and the lung, to the innervation of which the ganglionic cells contribute. The cardiac activity and pulmonary circulation are therefore more seriously affected than in other cases, when myosis exists. The author draws from these facts the following conclusion from the point of view of prognosis. Myosis in affections of the heart is a symptom of very grave prognostic value. It announces the presence of a lesion of the ganglia of the sympathetic, which tells upon the heart itself and the lungs.—*Brit. Med. Journ.*, Sept. 25, from *Annali Universali di Medicina*.

30. *Paracentesis of the Pericardium*.—M. H. ROGER has made an elaborate report to the French Academy of Medicine on a case of puncture of the pericardium communicated by Dr. Chairo, in which he gives an instructive account of pericardial effusions and their surgical treatment. The results of paracentesis of the pericardium, Mr. Roger states are disastrous. He is able to find but five cases of incomplete and one of complete cure effected by it. He concludes that notwithstanding the progress of operative surgery, the puncture of the pericardium is an extremely hazardous procedure; notwithstanding, however, its real danger, it may be resorted to in certain cases, rather as a palliative measure than with the hope of effecting a cure.—*Gazette Hebdom. de Méd. et de Chirurg.*, Nov. 5, 1875.

31. *On Aortic Aneurism in the Army, and the conditions associated with it*.—MR. F. H. WELCH read an interesting paper on this subject before the Royal Medical and Chirurgical Society (Nov. 23). The object of the paper was to endeavour, by deductions made from a series of *post-mortem* examinations conducted at the Royal Victoria Hospital, Netley, to place certain features of causation and pathology of aortic aneurism upon a basis of stability. The average death-age was 32 years; average period of service performed by the soldier, 12 years; average duration of the lesion, 1½ years. In five instances, the dilatation was multiple, the largest number of aneurisms in any one case being four; and, in two instances, an innominate aneurism was superadded to the aortic sac. The lesions (otherwise than the sac itself) observable in the bodies were arranged under two heads; (a) those mechanically produced by the aneurism; and (b) those indicative of a diathesis or general internal agency